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CONFIRMATION NO. 3915

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/776,383 | FILING OR 371(c) DATE 02/11/2004 RULE | CLASS 424 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. MOUSA-6043 | |
| APPLICANTS Shaker Mousa, Wynantskill, NY; Sarah Mousa, Wynantskill, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/04/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY NY | SHEETS DRAWING 4 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 3 |
| ADDRESS JACK P. FRIEDMAN, Ph.D. Schmeiser, Olsen & Watts 22 Century Hill Drive Suite 302 Latham, NY12110 | | | | | |
| TITLE METHOD FOR TREATING OCCLUSIVE VASCULAR DISEASES & WOUND HEALING | | | | | |
| FILING FEE RECEIVED 527 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |